

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11142

1. PLACE OF DEATH

a. COUNTY St. Louis, Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in lb

25 year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer Philips

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo

b. COUNTY St. Louis admission)

c. CITY OR TOWN St. Louis, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3022 Vine Grove

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Rufus

Middle

Last Branch

4. DATE OF DEATH

Month

Day

Year

11

9

63

5. SEX male

6. COLOR OR RACE negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/19/1896

9. AGE (last birthday) 67

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Phillip, Miss.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Edger Branch

13b. MOTHER'S MAIDEN NAME

Anna Harmer

14. NAME OF HUSBAND OR WIFE

Julie Branch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Julie Branch 3022 Vine Grove

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerosis

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

and last saw her alive on

Death occurred at

12:35 A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

11-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

11 16 63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson

23d. LOCATION (City, town, or county)

Kirkwood

(State)

Mo

24. FUNERAL DIRECTOR

A.H. Burks

ADDRESS

3900 Ashland

25. DATE RECD. BY LOCAL REG.

NOV 12 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

1957-07-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Leroy R. Sammitte

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.